

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	J. G.		11/10/99
O.I.P.E. CLASSIFIER		10	11-16-99
FORMALITY REVIEW		64694	12-8

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	12/10/1
2	✓	✓	9/15/01
3	✓	✓	5/4/02
4	✓	✓	10/4/02
5	✓	✓	
6	✓	✓	
7	✓	✓	
8	✓	✓	
9	✓	✓	
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46	✓	✓	
47	✓	✓	
48	✓	✓	
49	✓	✓	
50	✓	✓	

Claim	Final	Original	Date
51	✓	✓	12/10/1
52	✓	✓	9/15/01
53	✓	✓	5/4/02
54	✓	✓	10/4/02
55	✓	✓	
56	✓	✓	
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99	✓	✓	
100	✓	✓	

Claim	Final	Original	Date
110	✓	✓	
112	✓	✓	
113	✓	✓	
114	✓	✓	
115	✓	✓	
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141	✓	✓	
142	✓	✓	
143	✓	✓	
144	✓	✓	
145	✓	✓	
146	✓	✓	
147	✓	✓	
148	✓	✓	
149	✓	✓	
150	✓	✓	

If more than 150 claims or 10 actions  
staple additional sheet here

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